

SECURITY REQUEST

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

Telephone: DI 7-6113

Air Asia Co., Ltd.
808 17th St., N. W.
Washington, D. C.

IN REPLYING, ADDRESS:
SOCIAL SECURITY ADMINISTRATION
DISTRICT OFFICE

814 H Street N.W.
Washington 25, D.C.

REC'D DCADEC 4 1961

Dear Sir:

Re: 

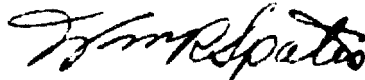
PA P

We would appreciate your coming to this office as soon as it is convenient for you to do so. Please come in on any day Tuesday through Friday (except National Holidays) between the hours of 9:00 - 12:00 or 2:00 - 4:00 and bring this letter with you.

We wish to assist you in filing a claim for the lump-sum death payment.

If you are not able to come in, please notify us promptly by mail or telephone.

Sincerely yours,



Wm. R. Spates
District Manager

2-1215/61

OAF-L5006

In replying, Address: SOCIAL SECURITY ADMINISTRATION

814 H St., N.W.
 Washington 25, D. C.
 Telephone District 7-5113 Date 12/2/61

A claim for payments under the old-age, survivors, and disability insurance provisions of the Social Security Act, based upon wages paid to the individual named below, has been presented to this office. Your cooperation in promptly filling out and returning this statement will be greatly appreciated. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form. An envelope, requiring no postage, is enclosed for your use.

Air Asia Co., Ltd.
 808 17th St., N. W.
 Washington, D. C.

[Signature]
 District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to— 25X1A

1 [Redacted] (earner) [Redacted] (at number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown."

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19 <u>61</u>	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....
January 1-March 31, inclusive	✓	\$.....	\$.....	\$.....
April 1-June 30, inclusive	✓	\$.....	\$.....	\$.....
July 1-September 30, inclusive	\$.....	\$.....	\$.....	\$.....
October 1-December 31, inclusive	\$.....	\$.....	\$.....	\$.....

3. The last month the wage earner earned wages of more than \$100 in our employ (whether or not paid) was

(Month)

(Year)

4. EMPLOYEE'S OCCUPATION¹

5. NATURE OF BUSINESS¹

6. BUSINESS NAME OF EMPLOYER (Type or print)

7. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

8. STREET ADDRESS OF EMPLOYER

9. TITLE OF PERSON SIGNING ABOVE

10. CITY

STATE

11. EMPLOYER'S FEDERAL IDENTIFICATION NO.

12. DATE THIS STATEMENT FILLED OUT

¹ Please use specific terms, such as file clerk, traveling or city salesman, maid, plumber, attorney, etc.

² Please use specific terms, such as radio manufacturing, drug wholesaling, retail grocery store, physician's office, private home, etc.